

**Electronic Patent Application Fee Transmittal****Application Number:**

10536721

**Filing Date:**

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**Title of Invention:**

Tissue ablation apparatus and method of ablating tissue

**First Named Inventor/Applicant Name:**

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**Attorney Docket Number:**

P08657US00/RFH

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**U.S. National Stage under 35 USC 371 Filing Fees****Description****Fee Code****Quantity****Amount****Sub-Total in  
USD(\$)****Basic Filing:****Pages:****Claims:****Miscellaneous-Filing:****Petition:****Patent-Appeals-and-Interference:****Post-Allowance-and-Post-Issuance:****Extension-of-Time:**

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Miscellaneous:</b>				
Request for continued examination	2801	1	405	405
<b>Total in USD (\$)</b>				<b>405</b>